Date _____   MEAL DOCUMENTATION

Meal Pattern	Menu	Size of Serving	No. to be Served	Food Items Used	Amounts Used	Number Served
BREAKFAST 1. Fluid Milk 2. Meat/Meat Alternate 3. Vegetable and/or Fruit **(2 or More)** 4. Bread or Bread Alternate				1. _____ 2. _____ 3. _____ 4. _____ 5. _____	_____ _____ _____ _____ _____	1 - 2 _____ 3 - 5 _____ 6 - 12 _____ Staff _____
AM Snack* **(supplement)** 1. Fluid Milk 2. Meat/Meat Alternate 3. Vegetable and/or Fruit or Full-Strength Juice 4. Bread or Bread Alternate				1. _____ 2. _____	_____ _____	1 - 2 _____ 3 - 5 _____ 6 - 12 _____ Staff _____
LUNCH 1. Fluid Milk 2. Meat/Meat Alternate 3. Vegetable and/or Fruit **(2 or More)** 4. Bread or Bread Alternate				1. _____ 2. _____ 3. _____ 4. _____ 5. _____	_____ _____ _____ _____ _____	1 - 2 _____ 3 - 5 _____ 6 - 12 _____ Staff _____

*Snack (Supplement) - Select 2 of the 4 components. <u>Juice **may not** be served when milk is served as the only other component.</u>